SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/018202 CLAIMS AFTER 2nd AMENDMENT AFTER 1st AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. ъ9 <u>15</u> :3 :6 :8 : 8 TOTAL YOTAL DEP. 7.00 CLAIMB OF SECTIONS Chairmanna ro dhiasd sanoithdar aor deeu se yamo

PORTURA PARTICIPATO POPULATION